

CALL FOR ABSTRACTS

Meeting the Challenges of Comprehensive Cancer Control

Revised Deadline: April 30, 1999
(Close of Business)

Complete the name and mailing address of the presenter. All correspondence will be mailed to this address. **Fax copies of the abstract will not be accepted.**

Name of Presenter: _____

Degrees: _____

Title: _____

Agency/Affiliation: _____

Address: _____

City: _____ State: _____

Zip/Postal Code: _____

Country: _____

Phone: _____ Fax: _____

E-mail: _____

Domain (check only one):

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Science | <input type="checkbox"/> Surveillance |
| <input type="checkbox"/> Program | <input type="checkbox"/> Policy |
| <input type="checkbox"/> Education | <input type="checkbox"/> Communication |

Objectives: By the end of this presentation, attendees will be able to:

1. _____

2. _____

3. _____

If your abstract is accepted, indicate your preference for presenting during an abstract presentation session and/or poster session using the following numbers:
0 = Not interested; 1 = First Choice; 2 = Second Choice

- ☐ Abstract Presentation Session
- ☐ Poster Session